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CONFIRMATION NO. 8051

Bib Data Sheet

| | | | | |
|-----------------------------|---------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER 09/316,624 | FILING DATE 05/21/1999 | CLASS 514 | GROUP ART UNIT 1631 | ATTORNEY DOCKET NO. 4493-19CIP |
| RULE | | | | |

APPLICANTS

SHALOM Z. HIRSCHMAN, RIVERDALE, NY; *LAC*

** CONTINUING DATA *****

This application is a CIP of 08/838,073 04/15/1997 ABN *LAC*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/11/1999

| | | | | | |
|---------------------------------|---|---------------------|-------------------|-----------------|-------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPEI CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | NY | 7 | 4 | 2 |
| Verified and Acknowledged | <i>Shalom</i> <i>LAC</i> Examiner's Signature Initials | | | | |

ADDRESS

MYRON COHEN ESQ
COHEN PONTANI LIEBERMAN & PAVANE
551 FIFTH AVENUE
SUITE 1210
NEW YORK, NY
10176

TITLE

METHOD FOR TREATING AUTOIMMUNE DISEASES

| | | |
|-----------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
| RECEIVED 380 | | |

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| | | | | |
|-----------------------------|-------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER 09/316,624 | FILING DATE 05/21/99 | CLASS 514 | GROUP ART UNIT 1646 | ATTORNEY DOCKET NO. 4493-19CIP |
|-----------------------------|-------------------------|--------------|------------------------|-----------------------------------|

APPLICANT

SHALOM Z. HIRSCHMAN, RIVERDALE, NY.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CIP OF 08/838,073 04/15/97 ABN

DACMC/B

371 (NAT'L STAGE) DATA***

VERIFIED

None

FOREIGN APPLICATIONS***

VERIFIED

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/11/99 ** SMALL ENTITY **

| | | | | | |
|---|---|------------------------|---------------------|-------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY NY | SHEETS DRAWING 7 | TOTAL CLAIMS 4 | INDEPENDENT CLAIMS 2 |
|---|---|------------------------|---------------------|-------------------|-------------------------|

| | |
|--|----------------|
| Verified and Acknowledged Examiner's Initials <u>MWL</u> | Initials _____ |
| MYRON COHEN ESQ COHEN PONTANI LIEBERMAN & PAVANE 551 FIFTH AVENUE SUITE 1210 NEW YORK NY 10176 | |

| | |
|---|--|
| METHOD FOR TREATING AUTOIMMUNE DISEASES | |
|---|--|

| | | |
|------------------------------|---|---|
| FILING FEE RECEIVED \$380 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------|---|---|